

# Selected Musings on Evolving Product Development Issues



**Jesse L. Goodman, MD, MPH**  
**Director, Center for Biologics Evaluation and Research**  
*WilBio, Arlington, VA 8/9/2005*

# Globalization

- It is here now
- **Markets: present and future**
- **We live in a medical and public health global village**
  - Traditional neglected diseases
  - Diseases of development
  - Emerging infectious diseases
- **Production: present and future**
- **Regulatory and Political**
- **Perceptions and Knowledge**
- **Competition**
  - Human resources, they're not all here!



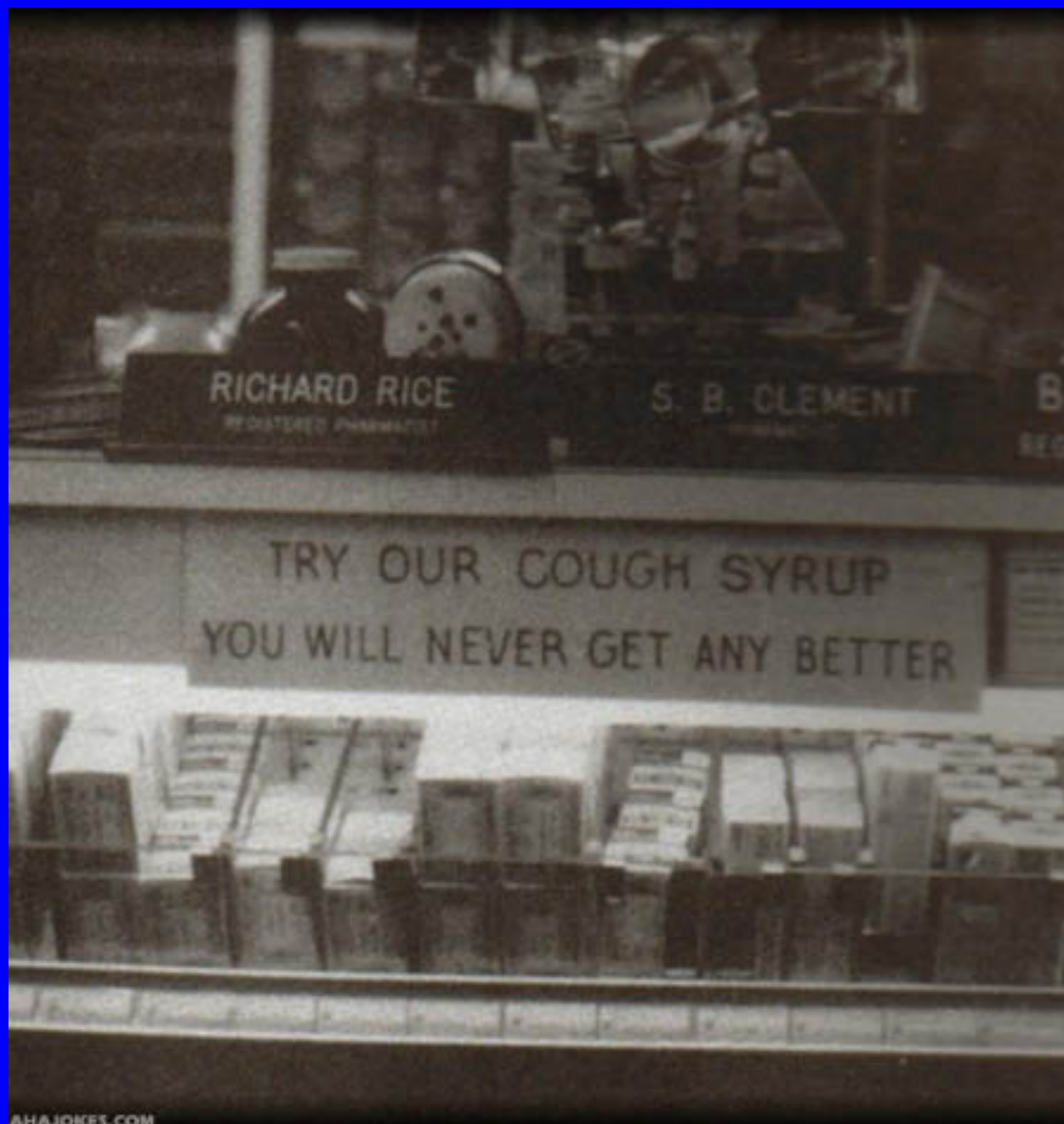
# 'Classical' Disparities to Overcome

- *“Africa accounts for 1% of world drug sales, while North America, Japan and Western Europe account for 80%. It is for them the companies invent a stream of high-priced, highly profitable drugs.”*<sup>5</sup>
- **“The 10/90 gap”**: **“Only an estimated 10% of the world’s health resources... are used for research into 90% of the world’s health problems.”**<sup>6</sup>
- *Sales from a most successful blockbuster drug have exceeded those of all US vaccine industry*
- *These types of disparities exist within the US as well*
  - *BUT THAT & RESULTANT BUSINESS MODELS MAY BE CHANGING*  
McNeil, Jr., DG. NY Times, May 21, 2000<sup>5</sup>

*Ramsey, S. Lancet 358:1348; Oct. 20, 2001*<sup>6</sup>

# Public & Individual Health and the Market

- **Public Health and Profits**
  - Oxymoron? Untapped US and global market?
  - What is one product that, if avail., should be received by 6.5 billion people (or 130 million/year)?
  - Would it be?
  - Unmet needs in CT/emerging infections also teaching lessons & driving policy change (e.g. WNV)
    - Public private partnerships
    - Acting ahead of the curve and before the market
  - Policy makers, health care system and payors seeking documented outcomes and cost-effectiveness
  - Health care costs may change support for expensive products/procedures with limited (?define) benefit





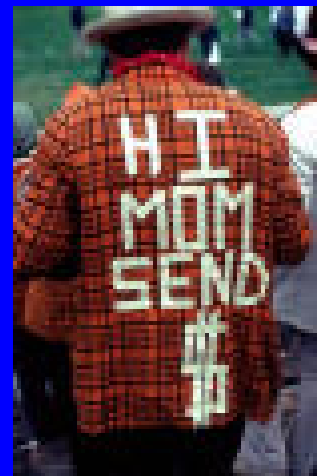
# Global Development Challenges for Biological Products

- Ethical issues
- Lack of harmonization
- Manufacturing & clinical trial Capabilities
- Incentives and costs
  - Both to develop and use
- Legitimate Risk-Benefit Differences
- Scientific challenges
  - E.g. Pathogens *and* populations
- Regulatory capacity/responsibility/standards
- First and finally: *it's not just about the products*)
  - Infrastructure and sustainability



# Can we reduce costs?

- Increasing challenge to medical product development
- Product development pathway planning ideal
- Use health care systems, informatics, other efficiencies in performing clinical and post-marketing studies
- Don't collect unneeded data (better not more)
- Well targeted, appropriate size efficacy trial(s)
- Safety trials
  - Scale to product, population and issues
- Large simple trial designs, major endpoints, new technologies in data acquisition and follow-up
- Post-marketing, roll-outs , enhanced data acquisition



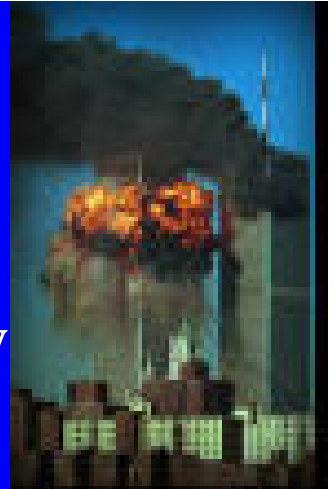
# How about manufacturing costs?

- Time is money – *reduce time*
- Failure is time – *reduce failure*
- Quality builds success – *invest in quality*
- New technologies
  - Process improvements/measures
  - The right measures (Are they focused on risk? Are they linked to outcome?):
    - Important for FDA activities, too!
  - More rapid tests
  - Non-animal tests
  - More cooperation on common problems
- Can someone else do cheaper, better, faster?
  - Make sure about the “better” part



# Not Business as Usual

- Since 9/11, CBER has adapted to extraordinary circumstances through extraordinary efforts
  - These include proactive measures w/ sister agencies and industry such as:
    - Meetings to encourage developing new products
    - Early and intensive interactions w/ sponsors
    - Collaboration and rapid turnaround on INDs, EUA
    - Proactive trips to inspect facilities
    - Participation in multiple product development teams
    - Expedited reviews of key product apps.
  - Such approaches were used in the 2004 flu season and inform all our activities (for example pandemic preparedness). Benefits and increased demands/stress



# Meeting the Pandemic Flu Challenge: A Paradigm for Global Public Health Preparedness: FDA Steps

- ✓ Increasing manufacturing diversity and capacity
- ✓ Developing needed pathways and regulatory processes to speed vaccine availability
  - ✓ strain change, accelerated approval on immunogenicity
- ✓ Assuring safety and public confidence
- ✓ Facilitating vaccine manufacturing and availability
  - scientific and related technical needs
  - enabling both current and evolving technologies
- ✓ Considering pathways to prevent a pandemic
- ✓ Thinking and working globally

# Lessons Learned Lead to Other FDA Steps to Strengthen Supply

- Globalization:
  - Information sharing agreements and relationships both completed and being developed - pre and post-licensure
  - Encouraging global vaccine development plans and regulatory cooperation/harmonization
- Annual inspections of flu manufacturers
- GMP initiative – getting down to specifics
  - Increased communications and enhanced preventive approaches including on vaccine GMPs
    - Vaccine roundtable, other meetings focusing on manufacturing- needed guidance/modernization opportunities for industry and FDA

# Thinking globally and acting both locally and globally

- Work with public health and industry partners to facilitate building global vaccine capacity – benefits all
- Regulatory and other cooperation to facilitate potential sharing and transnational use of vaccines
- Potential to intervene/vaccinate at geographic site(s) of evolving virulent pandemic strain transmission threat, even prior to widespread human to human spread

# Thinking Ahead: Enabling New Approaches and Technologies: Overview

- Even with aggressive and successful efforts to diversify and strengthen US inter-pandemic production, capacity may still be inadequate for true widespread pandemic in US, and, almost certainly, for global needs
- Antigen sparing and other new technologies should be evaluated before a pandemic

# Enabling Technology: Scientific Needs

- Addition of adjuvant to vaccine formulation.
  - Results (published and unpublished) in past have been conflicting: adequate studies are needed before adopting
  - Would be considered a new product (requiring BLA)
  - Safety and efficacy (immunogenicity) data required
    - Simplest - aluminum (extensive experience in licensed vaccines)
    - Demonstrate rationale (e.g., *significant* increases in immunogenicity with acceptable safety profile) and determine dose
    - Novel adjuvants or those with previous safety signals would require more safety data
    - Supporting manufacturing and product information needed
  - If proof-of-concept and other studies favorable, Phase 3 studies should be pursued in interpandemic period



# Antigen Sparing Strategies

- Changing route of vaccine delivery
  - Simplest change might be i.d. using needle and syringe but raises practicality issues
  - Safety and efficacy (immunogenicity) data needed
  - Other delivery methods promising: need data
- Use of immune stimulators, (e.g. use of patch with heat-labile toxin).
  - Safety and efficacy data required
  - Such strategies are in relatively early development; lack of experience will require safety testing

# Enabling New Technologies: Cell Culture & Recombinant Vaccines

- There are significant potential advantages in flexibility afforded by non-egg based technologies
  - Despite problems, egg based manufacturing has been successful & cost effective and, to date, other technologies have not been marketed or widely used
  - FDA has licensed other cell culture derived and recombinant based vaccines and has no special regulatory concerns with these technologies for flu
    - We encourage their development and are providing intensive interactions with sponsors
  - Scientific/technical challenges include:
    - Cell based: usual safety issues (i.e. tumorigenicity, adventitious agents), sufficient yield, manufacturing scale & cost
    - Recombinant or peptide based: antigenicity and protective immune response

# Other New Technologies

- Cross-protective antigens
- Live attenuated vaccines
  - Provide multiple immunogens, some may be cross-protective
  - May enhance more rapid development of immunity, avoid multiple dose needs
  - May raise potential containment issues for public health and agriculture

# Considering Potential Future Pathways to Preparedness?

- For a pandemic to be a pandemic a prerequisite is the lack of population immunity
- Can we conceptualize pandemic preparedness in a routine prevention rather than crisis mode?
- Should we consider earlier building of immunity against evolving virulent pandemic threat strains?
- Should we consider the potential for integration of such preparedness into routine influenza immunization, as for emerging epidemic strains?
- Transparency, public dialogue, non-crisis environment, are important as we prepare for a pandemic



# Unique Regulatory Challenges: the future is now

- Combination products – CBER/CDRH pilots
- Individualized medicine – require new approaches to product controls/clinical trials
- New technology:
  - The right balance of caution and innovation is needed in speeding development
  - New and developing fields high risk from delays, but also from puffed expectations or catastrophic failure
- Urgent availability: CT, EIDs; need vs. risk to confidence in products
- Global regulatory harmonization:
  - Which safety, effectiveness and quality measures?
  - Whose inspections?

# Success in Medical Innovation

- All the easy targets are gone, or *more likely the ones we know about right now*
- Don't forget the science but...
  - All the science will not be enough, it also needs to work. You can't wait for *all* the science....
- Fear of failure vs. power of belief (and determination vs. hype) – not a unique business problem!
- If this was easy everyone would do it
  - Then again maybe they are and maybe it isn't
  - The glass is at least half full, or why are we here?
- Leadership: how to support long term results in a short attention span business & political environment?- sometimes *leaders need to be led*



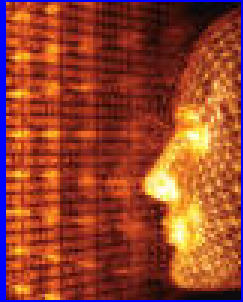
# Thank you!

- We are proud of our staff and our role in public health, biodefense, product safety and availability.
- New technologies need innovative and interactive regulation, new models, standards and assays.
- Expertise and partnerships essential.
- We see a positive future with exciting challenges
- We welcome your input.



• *Contact me: [jgoodman@cber.fda.gov](mailto:jgoodman@cber.fda.gov) or 301-827-0372*

***CBER: INNOVATIVE TECHNOLOGY ADVANCING PUBLIC HEALTH***



# Vision for CBER

## *INNOVATIVE TECHNOLOGY ADVANCING PUBLIC HEALTH*

- *Protect and improve public and individual health in the US and, where feasible, globally*
- *Facilitate the development, approval and access to safe and effective products and promising new technologies*
- *Strengthen CBER as a preeminent regulatory organization for biologics*

